

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>						SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">10/512100</div>	FILING DATE						
						APPLICANT(S)							
<div style="font-size: 1.2em;">10</div> <div style="font-size: 1.2em;">04</div>						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		2			53						
4		2		2			54						
5		2		2			55						
6		①		①			56						
7		2		2			57						
8		2		2			58						
9		①		①			59						
10		①		①			60						
11		2		2			61						
12		2		2			62						
13		2		2			63						
14		2		2			64						
15		2		2			65						
16		2		2			66						
17		2		2			67						
18		2		2			68						
19		2		2			69						
20		2		2			70						
21		2		2			71						
22	1		1				72						
23		1		1			73						
24		2		2			74						
25		2		2			75						
26		2		2			76						
27		①		①			77						
28							78						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	44						TOTAL DEP.						
TOTAL CLAIMS	46						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1568 (REV. 8-74)

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